

State of New Jersey

DEPARTMENT OF BANKING AND INSURANCE LICENSING & INSURANCE EDUCATION PO BOX 327 TRENTON, NJ 08625-0327

JAMES E. McGreevey

Governor

Tel (609) 292-4337 Fax (609) 984-5263 HOLLY C. BAKKE Commissioner

Alternative Continuing Education Credit Application

Please fax this form and required documentation to Licensing and Insurance Education at (609) 984-2792 or Mail to: Licensing and Insurance Education, Department of Banking & Insurance, PO Box 327, Trenton, NJ 08625-0527

	Legal Name of Licensee:	lame of Licensee:		
	Producer license reference number:	Expiration Date of Licer	nse:	
successful completion and semester hours granted. Maintaining an insurance designation with its own CE requirements. 48 credits applied if the designation is maintained for the cycle. Please complete CE 1-A form annually to receive 12 credits per year. This form is to be completed by a representative of the organization. The form can be obtained through our website or by calling 609-292-4337 x50396 or x50034. Eligible for correspondence courses under the Americans with Disabilities Act. 8 credits for each passed approved correspondence physician's form, which can be obtained through our website or by calling 609-292-4337 x50396 or x50034, and each correspondence passing notice. Maintaining the continuing education requirements for an insurance producer license in another state. 48 credits awarded for maintaining the continuing education requirements for an insurance producer license in another state.				
	E-mail:	_		
I	I certify the attached documentation is true and accurate.			
	Producer Signati	ure	 Date	
		attach requested documentatio	n. Credits cannot be approved withou	
	Successful completion of a college level insurance course. Attach course description as it appears in college catalog and transcript showing			
	Maintaining an insurance designation with its own CE requirements. 48 credits applied if the designation is maintained for the full four ye cycle. Please complete CE 1-A form annually to receive 12 credits per year. This form is to be completed by a representative of the designation			
	Eligible for correspondence courses under the Americans with Disabilities Act. 8 credits for each passed approved correspondence course. Fa physician's form, which can be obtained through our website or by calling 609-292-4337 x50396 or x50034, and each correspondence course passing notice.			
	Maintaining the continuing education requirements for an insurance requirement for the full four-year cycle. Provide current certification your CE requirement.			

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